

Carlsbad Housing Agency
CHANGE REPORT FORM

DIRECTIONS: 1) Fill out form completely;
2) ATTACH DOCUMENT(S) OF CHANGE.

(A)			CASE INFORMATION: Write below the Head of Household's Information.		
FIRST NAME		LAST NAME		HOUSING SPECIALIST <input type="checkbox"/> Mia De Marzo <input type="checkbox"/> Rebeca Guerrero	
STREET ADDRESS			APT #		
CITY CARLSBAD CA	ZIP CODE		<input type="checkbox"/> PHONE NUMBER <input type="checkbox"/> MESSAGE NUMBER <input type="checkbox"/> CELL NUMBER		

Please complete only the section(s) that apply to you.

(B)		INCOME CHANGES: There has been an <input type="checkbox"/> Increase <input type="checkbox"/> Decrease in monthly income for: <u>(ATTACH PAY STUBS, AWARD LETTER(S), EMPLOYER LETTER(S), NOTICES, etc. for all income changes.)</u>				
MEMBER NAME: _____ NEW AMOUNT: \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly			DATE CHANGED		EXPLANATION:	
MEMBER NAME: _____ NEW AMOUNT: \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly			DATE CHANGED		EXPLANATION:	
(C)		FAMILY CHANGES; ADDING MEMBER(S): List the person(s) you are requesting to <u>ADD</u> to the household. Use an additional CHANGE REPORT FORM if adding more than two members.				
ADD PERSON:		LAST NAME FIRST NAME		BIRTHDATE	SOCIAL SEC. #	REASON FOR ADDING INCOME
1) Has this person ever been arrested for drug related activity or violent criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____						
2) Is this person subject to a lifetime sex offender registration? <input type="checkbox"/> Yes <input type="checkbox"/> No						
ADD PERSON:		LAST NAME FIRST NAME		BIRTH DATE	SOCIAL SEC. #	REASON FOR ADDING INCOME
1) Has this person ever been arrested for drug related activity or violent criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____						
2) Is this person subject to a lifetime sex offender registration? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<i>Please be advised if you are requesting to add a member(s): 1) You <u>must</u> have the Housing Agency and Owner's approval <u>before</u> the person moves into the household; 2) Please be advised that you will need to supply copies of picture I.D., birth certificate, Soc. Sec. card, and proof of income for each member being added at the time of your office appointment with your Housing Specialist; 3) Persons being added that are 18 years of age and older must sign this CHANGE REPORT FORM below.</i>						
(D)		FAMILY CHANGES; REMOVING MEMBER(S): List the member(s) you are requesting to be <u>REMOVED</u> from the household. Use an additional CHANGE REPORT FORM if removing more than two members.				
REMOVE MEMBER:		LAST NAME FIRST NAME		MOVE OUT DATE	REASON FOR LEAVING HOUSEHOLD:	
<i>Please be advised if you are requesting to remove a member(s): Documentation of the member's new residence MUST be established before this member and this member's income will be removed from the household. (Preferred documentation is a rental or lease agreement at the new residence or utility bill in the member's name for the new residence)</i>						
(E)		OTHER INFORMATION YOU WISH TO PROVIDE:				

WARNING: MAKING FALSE STATEMENTS IS A FELONY UNDER CALIFORNIA STATE LAW (PENAL CODE SECTIONS: 115, 118, 487, 532) & MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE & OBTAINING MONEY UNDER FALSE PRETENSES! **IN ADDITION,** UNITED STATES CODE; UNDER TITLE 18; SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I/We certify that the information given to the Carlsbad Housing Agency on household composition, income, and family assets, are true and complete. I also understand that all changes in household composition, income, and family assets must be reported to the Housing Agency, in writing, within 15 days of its occurrence.

Signature of Head of Household

Date

Signature of Adult Member being added to Household

Date

Signature of Adult Member being added to Household

Date